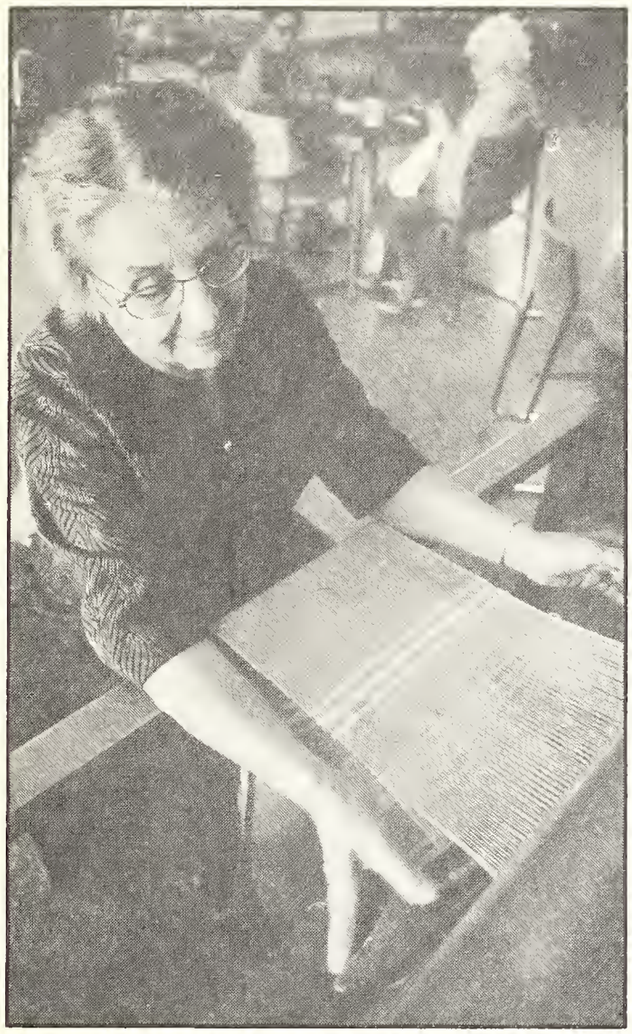

Aging with Dignity

Report of the NDP Caucus Task Force
Caring for Seniors
June, 1984

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LEGISLATIVE ASSEMBLY

Attached is the report of the NDP Task Force on Care for Seniors. Established by NDP leader Bob Rae (MPP-York South) and chaired by health critic Dave Cooke (MPP, Windsor-Riverside), the task force visited 23 communities throughout Ontario during the last year.

We visited institutions, hospitals, homes and programs. We talked to care givers, seniors, volunteers, administrators and specialists. We organized a major conference, "Fair Care for Seniors", in April at Queen's Park which attracted 300 people.

This final report, we believe, expresses views and concerns of the many seniors' groups, professionals, and individuals with whom we met. We wish to thank all those people who gave us their time and their knowledge. Their contribution made this report possible.

We would also like to thank the NDP research director, Grant Cassidy, as well as other members of the caucus staff - Tony Skopyk, Anita Shilton Martin, and Rosemarie Bahr. As well, thanks are due to Ellie Barrington for organizing the conference.

We believe this report represents the direction we must take if we are to provide care with dignity for the increasing population of seniors in Ontario.

Dave Cooke
Task Force Chairman

Bob Rae
Leader

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Growing Old in Ontario

Thousands of Ontario seniors who are in institutions want to and could live independently. Loneliness, despair and related health problems are needlessly widespread. Families who want to help preserve their parent's independence often give up because they cannot find their way through the Ontario government's bureaucratic maze to find the aid they need. In many cases assistance is only available, or cheaper, if you are in an institution.

Seniors still have much to contribute to society. But they are often immobilized because of lack of income, stimulation, transportation or appropriate health services. Volunteers, charitable and religious organizations and local governments often want to provide services, but are stopped by lack of money or too much provincial regulation.

The social and financial costs of growing old are borne by the seniors and their families with little government help. The profits from selling health care to the elderly are growing. The provincial government actively promotes for-profit provision of services to seniors more than it promotes the provision of better care.

For every problem seniors face in Ontario, there is either a solution or a step towards a solution. The Tory government has stood in the way of those solutions.

As a result of our talks with seniors and care providers, we recommend the following principles should be the basis of providing care for seniors.

1. Seniors want to live in the community, not institutions.

2. Seniors' services must be provincially funded, but planned and delivered locally. The goal should be to provide the community supports that promote well-being and independence.

3. Financial, physical and moral support must be given to families who care for their elderly and help them remain independent.

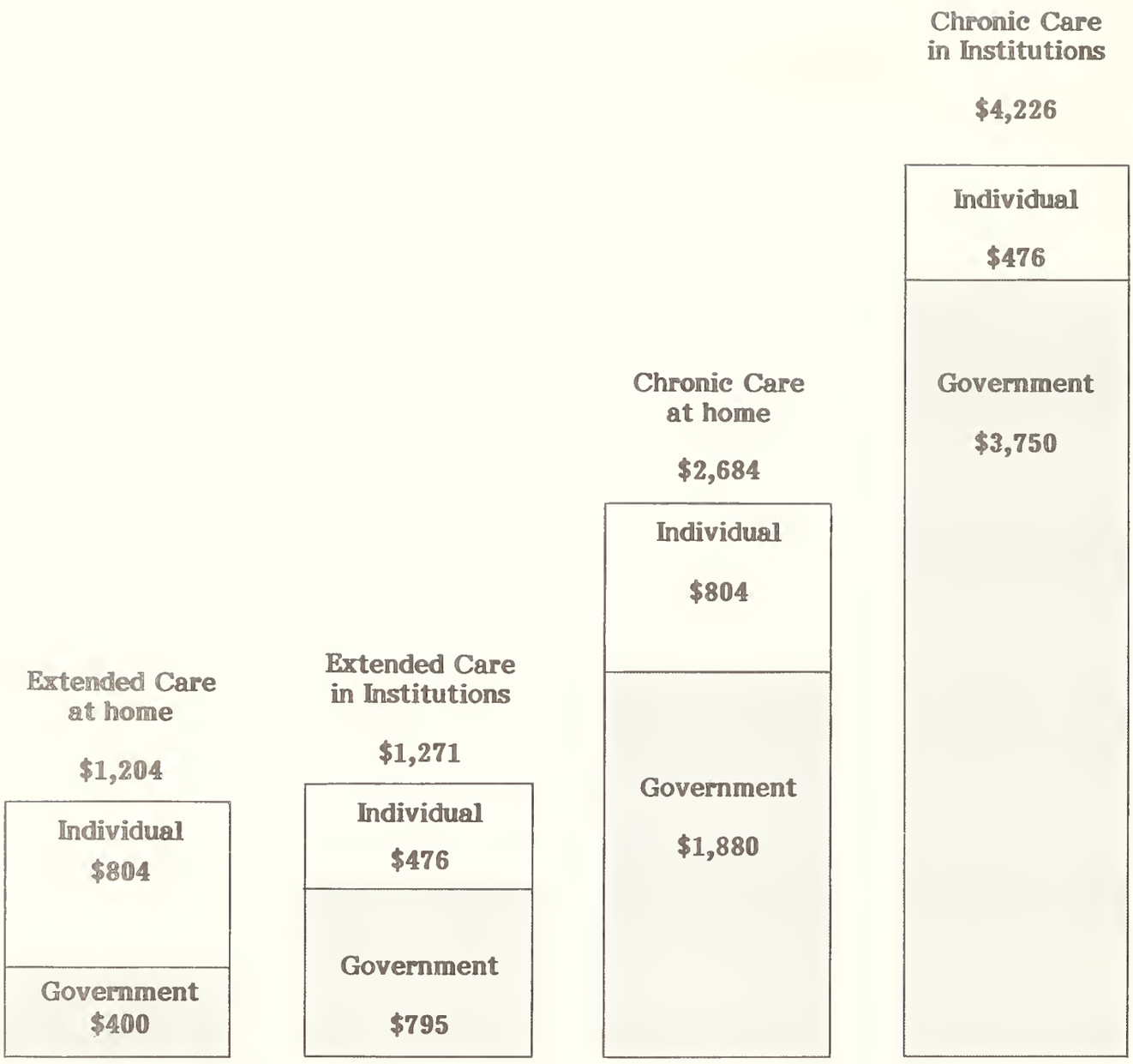
4. Services to seniors must be integrated and coordinated by one provincial ministry or agency.

5. Institutional care for seniors should be provided on a not-for-profit basis. The provincial government should take responsibility for funding and ensuring a high level of programming that will encourage seniors' activity.

6. The lack of services for confused elderly, particularly those suffering from Alzheimer's Disease, must be treated as an emergency.

These new directions can give thousands of Ontarians many more years of health and well-being. In many cases, these directions and alternatives cost less than the current government's wasteful policies.

The Costs of Care



Costs to government are based on current average rates for a reasonable amount of service. Costs to individuals are based on Toronto Social Planning Council minimal standards. Since conditions and needs vary, all costs are approximate.

Seniors Want to be in the Community

The Ontario government finances over 42,000 extended care beds, nearly 15,000 residential care beds and over 10,000 chronic care beds. There are more people in these beds than in acute care hospital beds.

Everywhere, people told the task force that seniors do not want to give up their homes. They do not want to live in nursing homes. They value their independence and they want to keep it.

At present, Ontario's system pressures people into institutions. Ten per cent to 15 per cent of seniors living alone need some support services. Without services provided by the public, vast financial resources, or a family capable of helping, a senior has no choice but to move into an institution.

Many seniors are forced into institutions because they require some help. They can live without full nursing home services, but find it cheaper to live in a nursing home than on their own. Often, the small amount of aid they needed to stay independent was not available.

The task force found that the provincial government had allowed community support programs to develop without local coordination and planning. Every senior and every service provider who spoke with the task force told of basic needs that were not met in their community.

Similarly, families trying to help preserve the independence and dignity of their loved ones often receive no support from government for the financial, emotional, and personal costs that are involved.

Ontario's method of providing service stands in the way of the goal of promoting independence of seniors. Later in the report, there are recommendations for major changes in the way services are planned and delivered. Without these major changes, it will be impossible to overcome the bureaucratic stagnation in the present system.

Homecare and Homemaker's Services

The Ontario government funds homecare under two programs. The Ministry of Health's Homecare program is designed primarily to get people out of hospitals. If your health improves, you are cut off the program. You cannot get homemaking services (help with shopping, housekeeping, meals etc.) unless you are sick enough to require homecare. The Ministry of Community and Social Services funds homecare for the needy on a means tested basis under the Homemaker and Nurses Services Act.

Homecare and homemaker's services are essential if many are to remain independent. Yet, many people are ineligible. In Toronto for example, a person with $3,750 in the bank and not sick enough to need regular nursing care will not qualify for homemaker's services, unless a charitable agency provides a subsidy.

A person requiring three half-days a week of homemaking will not get it because the chronic homecare program is limited to 40 hours a month. This person needs 52.

People who do not have homes which the government sees as suitable or do not have family members to support them are also denied access to programs.

So, if you are frail and elderly, but not sick, you cannot get homemaking services. Since 1981, the government of Ontario has promised new homemaking programs to help this group. Nothing has been done. In 1984, the Throne Speech failed even to repeat this promise, and the budget contained no new funds.

Homemaker's Services are more than just housework. Homemakers give emotional support to many of their clients. Hamilton has started a palliative care service in which extra homemaking hours are provided during evenings and weekends so that terminal patients can remain at home. This humane system of service delivery should not be limited to Hamilton, but integrated into our health delivery system.

The task force visited an elderly gentleman who was living happily in his home on Hamilton mountain after treatment for cancer. While he was in hospital, he was told he had three months to live. After six months of being at home with familiar surroundings and neighbours, he was still enjoying life.

He could not have had this service if he had been poor or living on a public pension. Yet, around the clock homemaker service is cheaper than keeping someone in a chronic care hospital.

These excluded people have difficulty living on their own. If they must pay the daily commercial rate for four hours of homemaking and personal care, it will cost them $28 a day. A nursing home or home for the aged would cost only a basic $15 daily co-payment fee.

Charitable agencies are filling the gaps in the provincial government homecare and homemaking programs by using municipal tax and charity dollars. To provide this service as cheaply as possible, homemakers are paid less than $5.25 per hour. Homemakers are not guaranteed full-time work. Even with their limited funding, non-profit Visiting Homemaker Associations demand high standards and provide supervision for all services.

In spite of the gaps in services, the province has allowed profit-making health organizations get in on the delivery of homemaker's services. For-profit agencies will not subsidize clients and can only make a profit by paying less than $4.50 an hour and providing less supervision. Since homemakers who work on a regular basis become friends of their clients and can alert medical authorities about changes in their client's conditions, it is essential that continuity exist and good supervision be available.

When services are not being provided to those who need it, when the wages of trained service providers are unconscionably low, it is scandalous that the provincial government allows money to be siphoned off into the hands of private companies.

Recommendations

1. Immediate introduction of homemaker's services for frail, elderly persons.

2. Homecare services should be linked to actual need and feasibility. They should not be limited to 40 hours monthly.

3. Homecare and homemaking should be available without a means test to any senior who needs the services.

4. Delivery of homemaker's services should be limited to charitable and not-for-profit agencies.

5. Province-wide extension of the palliative care program delivered by Visiting Homemakers in Hamilton.

Meals on Wheels

Task force members met with groups involved with the delivery of Meals on Wheels programs in Niagara Falls, Oshawa, Hamilton, Toronto, and other communities. These successful programs met nutritional needs of many seniors and allowed them to live independently. Meals on Wheels also provided rewarding experiences for many volunteers. One in Niagara Falls summarized the situation, "The one thing I don't like is having to leave so quickly. We're the only contact many seniors have with the outside world."

Meals on Wheels must be expanded and provided on a seven day a week basis to those who need it. It would be a good idea to create some liaison with health units so that clients are regularly reviewed and assessed.

Recommendations

1. A public health component should be linked directly to homemakers and Meals on Wheels programs for continuing medical assessment of seniors living alone.

2. Increased support for and expansion of Meals On Wheels programs.

Day care and day hospitals

In St. Catharines, Doug Rapelje, head of the Senior Citizens Department for the Regional Municipality of Niagara, told the task force that 27 per cent of the people enrolled in the region's day care program already have extended care certificates. These people qualify for placement in long-term care institutions, but choose to remain in the community. They have programs to help them.

Seniors requiring medical and social services could often live on their own or with relatives if they had access to suitable services. Many children could keep their parents at home if the parent had a daily activity

and regular access to medical services. The task force visited a number of such programs and found them to be extremely useful. However, provincial restraint seems to stand in the way of their expansion.

The Day Hospital at Windsor Western Hospital handles 15 patients a day in surplus space at the old hospital. It provides nursing services, good meals and recreation. This program helps keep people out of hospitals and long-term care facilities, but it can't advertise its service since it is overbooked and has no money to expand.

In Ottawa, the Alzheimer's Society has set up a one day a week program called "Day Away". The program, at St. Patrick's Home for the Aged, is staffed by volunteer professionals who arranged leaves of absence from their regular jobs to staff the program. They concentrate on restoring daily living activities and giving family members strategies for supporting and caring for their loved one who is a victim of Alzheimer's. This program receives not one penny from the provincial government. Its existence totally depends on volunteers.

The Windsor Western, Regional Niagara Day Care and Alzheimer's "Day Away" program are but three examples of badly needed programs. But they will either not expand at all or will grow far too slowly because of the low priority given by the provincial government. Ontario has 22 day hospital programs. But because this is far less than the need, many people are forced into institutions.

Day care should exist independently and separately from health care institutions. Seniors requiring recreation, nutrition or physiotherapy should not have to go to a hospital. A seniors' day care at a community centre is preferable to a day hospital when medical services are not a major part of a senior's needs.

In all cases, these programs cost far less than providing extended or chronic care in hospitals. Moreover, seniors can remain at home.

Recommendations

1. Expansion of day care for seniors.

2. Expansion of day hospitals.

3. Emphasis on the provision of senior day care outside an institution.

Northern health needs

In rural and northern areas, people must travel great distances to see specialists. Because social services and community support are unavailable outside larger centres, people often have little choice but to seek admission to extended care facilities. Available beds may be hundreds of miles away. The trauma of being displaced from your community is added to the trauma of being institutionalized.

Francophones face greater difficulties finding a facility where French is spoken and their culture recognized. Golden Manor in Timmins has done a good job in creating a French ambience, but in smaller communities this is more difficult.

In the North, as in the rest of the province, the shortage of institutional beds is best tackled by creating the supports that allow people to remain independent. These range from homemaking to snow removal to transportation and social activities. In communities where this will still not yield enough beds, the existing homes for the aged, hospitals or community centres should establish day care and day hospital programs. In smaller communities, small chronic care or extended care units should be attached to existing hospitals.

Recommendations

1. Special initiatives and provincial funding to extend community and health support services for seniors in Northern Ontario.

2. Establishment of small long-term bed units attached to hospitals where no long-term beds presently exist.

3. More services be provided for francophone seniors.

Poverty

Many seniors live in fear that their money will run out or that they will become a burden on their families. Such fear turns retirement years into unsettling and uncertain times. On top of this, many services are means tested. Seniors frequently do without services rather than reveal their financial situation. Ontario must address this problem by creating an improved public pension plan and a fair tax system.

Many seniors have inadequate pension plans. At present, two and a half million Ontario workers have no private pension plans. Women often lose access to pensions through divorce, death of their husbands, or lack of participation in the work force.

Reforms should be made through the public pension system. The private pension system is not a basis for a universal, fair pension income. Until the major expansion necessary in the national, universal pension programs occurs, Ontario has the responsibility to act on its own to make substantial reforms within its jurisdiction.

People dependent on GAINS cannot afford to live independently unless they have subsidized housing and other assistance. In Toronto, even with recently announced increases, a senior on GAINS will receive $1,454 less than the $9,645 which the Toronto Social Planning Council has determined to be the minimum necessary for an adequate but modest standard of living.

While the Conservative government has tried to create the impression that the low incomes of pensioners are offset by subsidies of

housing, drugs and OHIP, it ignores significant gaps in their income support. For example, the Council on Aging of Ottawa-Carleton has identified dental care as a significant need. Financial barriers are the major reason seniors do not get dental care. This can lead to problems with eating and personal appearance; yet, there is little assistance for the poor and elderly.

Ontario charges a chronic care co-payment fee to any person institutionalized over 60 days. These fees leave seniors with little disposable income. They often mean financial hardship when one spouse is living outside an institution and the other within. People who have worked all their lives still risk retiring in poverty. User fees for health services means people have virtually no health insurance, because long-term illness will take away all their income.

Younger seniors, active seniors, and others would also like the opportunity to earn money to supplement their resources. The task force visited the Seniors Employment Centre in Ottawa. This organization works hard to find jobs for seniors. Not only does this provide needed money but also purposeful employment and useful activity so necessary for good health.

Recommendations

1. GAINS be enriched to give seniors enough income to live with dignity.

2. Ontario balance the current inequities in RRSP availability by making Ontario tax credits for RRSP contributions available to those with incomes below $25,000 a year.

3. Ontario legislate improvements in private pensions including making survivors' benefits mandatory; providing for vesting and portability after two years of employment; and making inclusion of part-time workers mandatory.

4. A dental care program for seniors.

5. Abolition of means testing for needed programs.

6. Abolition of chronic care co-payment fees.

7. Development of employment strategies for seniors wanting to work part-time.

Housing

Seniors need housing immediately. A broad range of different types of housing should be made available. Unfortunately, seniors suffer from the non-communication between the Ministry of Housing, the Ministry of Health, the Ministry of Community and Social Services and the Canadian Mortgage and Housing Corporation.

Historically, persons who became sick or frail and had no family to care for them went into nursing homes or homes for the aged. More recently, large numbers of seniors' apartments were built for those who could not maintain their large family homes, but wanted to stay outside institutions. These apartments have given greater independence. But they have often become seniors' ghettos.

There must be a good supply of housing which integrates the health, social and cultural needs of seniors and is designed to keep seniors active. Living in an institution such as a nursing home must be avoided except for those whose medical needs leave no other alternative.

The task force visited the Encore Club in Kirkland Lake where a facility for temporary residential care and senior citizens' apartments stand incomplete because of lack of funding. In Ottawa, Unitarian House will have a rest home and senior citizens' apartments, but will not have the extended care beds that would have allowed it to provide a continuum of care on one site. Also in Ottawa, the task force learned that Co-op Desjardins have been refused financing for a small infirmary. With over 100 seniors' apartments, a small infirmary would provide a few active treatment beds and health services to other residents. In the government's narrow view, housing is housing and health is health, so seniors' co-ops have difficulties establishing infirmaries.

The task force saw good planning at Faith Place in Oshawa which combined children's day care, a church and commercial space with seniors' apartments. Bethammi Lodge in Thunder Bay combined a nursing home, seniors' apartments and a multi-use community centre. These developments not only provide affordable housing, but give seniors ready access to community life. Instead of segregating seniors and creating a sense of preparing for the end these facilities draw the community and seniors together.

Windsor had an interesting facility at Chateau Masson, a seniors' hostel. This provides modest rooms with low-cost meals to low income people. A hostel like this has a role to play, but this is the only one in Ontario.

Another component in providing housing is recognizing the multicultural character of Ontario. The task force visited Nipponia House, a Japanese Home for the Aged in Beamsville. Traditional Japanese cooking and style of life were maintained. However, the home had no extended care beds, so poor health usually meant a permanent transfer to Toronto and care from strangers.

In contrast with the good things at Nipponia, the task force heard of nursing homes where residents' cultures were ignored. Institutions tended to have standard menus which ignored taste preferences and cultural traditions. Some Jewish nursing home residents were not provided with kosher meals and in other homes, non-Jewish residents received only kosher meals.

Recommendations

1. Removal of the bureaucratic straight jacket that prevents the integration of housing, health and community services.

2. Development of a variety of housing alternatives for seniors including apartments, hostels, and co-ops.

3. Encouragement of projects that link seniors' housing to the community.

4. Recognition of the multicultural character of Ontario in institutional, housing, and community services for seniors.

Getting there

Many people told the task force that lack of good transportation was a barrier to services. With Ontario's climate, many seniors cannot use regular public transit and are uneasy about driving their own cars much of the year. Often, the only special transportation provided for seniors was that for the disabled. Such services are usually overburdened already and are rarely convenient.

Transportation either has to be by taxis which are subsidized by groups like the Kiwanis and Rotary, or by volunteers. Community Care, a service which coordinates volunteers in Durham Region, told the task force that 70 per cent of their services were transportation. They estimate at least 200,000 miles were logged in transporting seniors in 1983.

St. Luke's Home for the Aged in Cambridge spends $200 to $225 a month taking seniors to their programs. The cost is covered by their auxiliary. The VIEWS program (Volunteers in Education - Willing Seniors) which allows Windsor seniors to be volunteer grandparents in elementary classrooms, the Children's Rehabilitation Unit and the heritage program would have difficulty operating if the Rotary Club did not underwrite the cost of taxis.

The task force found that transportation is a big element in promoting the independence of seniors.

Recommendation

1. Establishment of province-wide transportation policy supported by provincial funding to improve access for seniors to community services and health, social and cultural programs.

More than food and a place to sleep

Too often seniors are told, "Your life is over, you have nothing more to contribute."

The denial of aging, and indeed of death, has causes deep in contemporary Ontarian culture. It is a denial that simply has to end, because in denying it we are all denying a basic part of being human.

Since most observers are convinced the Ontario of the future will be a place where leisure will play an ever-growing part of our lives, we all have a tremendous stake in ensuring that life's meaning and vitality does not disappear without full-time, paid work. If to be old means to be "sidelined", we will all pay the cost - not only in health care, but in the dehumanization of us all.

Seniors are capable of organizing and running their own activities. They may need to hire an administrator, social worker or advocate with specific skills, but they can and should provide leadership in their own activities.

Seniors clubs and activity centres

The task force visited the Windsor Senior Citizens Centre, the Oshawa Seniors Club and the Bernard Bettel Centre for Creative Living in North York. These centres had their own buildings and ran active sports, crafts, cultural and social programs. They provided inexpensive, nutritional, hot meals, organized travel and vacations, and provided such things as podiatry, hairdressing and other services at a low cost to their members.

The task force visited two fine facilities in Cambridge, St. Luke's Place and Fairview Mennonite Home. Both of these non-profit operations had elderly persons centres attached to a home for the aged and a seniors apartment complex. Residents and seniors from the community learned new skills from participating in activities there. Often, residents worked as instructors or volunteers in these programs. At Fairview Mennonite Home, the task force was told that 50 people including an 89-year-old had learned to swim after retirement.

Bethammi Lodge in Thunder Bay has a community centre (not a seniors' centre) in its building complex. As a result, considerable interaction between institution residents and the community takes place.

A new elderly persons centre was scheduled to open in Timmins a few days after the task force's visit. However, in other communities the situation was more difficult. In Kirkland Lake, the Encore Club had great difficulty in getting local funding when they attempted to establish new programs. The Les 50's Club used a parish hall for a francophone seniors' club because they couldn't get money for their own building. Kirkland Lake has more seniors per capita than other Ontario communities, but because of its tax base and inadequate grants from the provincial government, the municipality has difficulty finding money for seniors' programs.

In Welland, seniors have been battling for years to establish a centre, but have not received provincial approval. Seniors told the task force that they felt they were pawns in a game to build a community centre for the whole city. Most simply wanted a small place where they could meet and organize their own programs. In view of the success in other cities, the task force sympathizes with the seniors in Welland, Kirkland Lake, and other communities where centres do not exist.

The Elderly Persons Centre Act limits provincial funding to these centres and makes it contingent on local funding. The continual shift of responsibilities from the provincial government to the property tax base often makes local governments unwilling to provide funding. While there is a direct financial saving for the province's health budget when seniors are kept active, there is no corresponding financial incentive for municipalities to provide services.

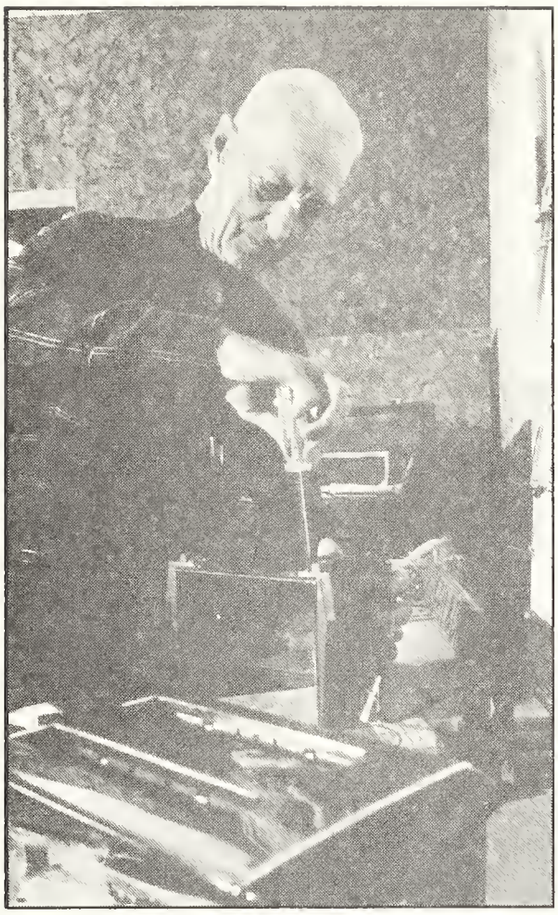
Besides the centre, many other innovative programs can be provided to keep seniors independent. In Niagara Region, the task force heard of a Home Sharing Program where the region helped seniors find housemates. This usually allowed one person to maintain a home and provided another person with a non-institutional residence. It saved both of them money and provided companionship and support.

Regional Niagara has services like Friendly Visiting which helps alleviate loneliness, the Foster Grandparent program, Talk-a-Bit, which provides daily phone calls, Postal Security Alert, a daily check and Lunch Out and Wheels to Meals programs which ensure an outing and a nutritious meal. These programs in Niagara or elsewhere support good mental health and are essential to maintaining independence. These services need to be available and provided in every community.

Recommendations

1. Provincial government should provide more funds for elderly persons centres.

2. Promotion of community support services to enrich the lives of seniors living independently.



Community Health and Social Service Centres

The task force found too many examples of seniors having to chase the system and fit themselves into it. A new integrated model of service delivery is essential for better planning, more efficient use of taxpayers' money and more services.

Ontario should set up local health and social service centres. These would investigate local needs, set the priorities, and plan the most humane and effective services. Each centre would be run by a community board.

The centres would provide information and assessment services. As a result, the emphasis would not be on finding institutions, but putting together the community support services and programs that would allow people to remain independent. The centres would also take an active role in public health education and service referral.

The NDP has long favoured the expansion of community health centres. They deliver medical, health and related services at convenient hours and locations. A person entering these clinics can get services from doctors, nurse practitioners, nutritionists and other health professionals. These multi-service health centres could be combined with places where seniors congregate such as elderly persons centres. Since community health centres serve more than just seniors, it would lead to greater interaction. Many seniors using the same centre might justify the inclusion of other services such as chiropody or physiotherapy.

Besides providing easy access to many services, the major advantage of this model would be the ability to plan and coordinate services which de-emphasize use of institutions. This model provides an advocate whose goal it is to promote community care and preserve the independence of seniors.

Neighbourhood health and social service centres will need to be coordinated by an organization with an area-wide perspective capable of dealing with area-wide planning needs and dealing with the provincial government. A number of interesting models presently exist.

In Ottawa, Niagara and Peel, the local integration and planning of seniors' services have yielded spectacular results. These communities have coordinated efforts to provide seniors with greater independence. Nevertheless, their efforts were frustrated by a provincial bureaucracy which was overcommitted to institutional funding and afraid to expand community alternatives. For example, a community which closes an institution would normally lose the provincial funding attached to it. Ontario must move to a system where that money remains available for community-based services for seniors.

The Ministry of Health places a heavy emphasis on programs delivered in hospitals and health institutions. Local planners know that more money is available if new services are institution-based. Thus, local officials tend to develop services that will get funded rather than community-based services that are often preventive in nature and more beneficial.

If it costs the same for a community to keep 100 people in an institution, as it would cost for programs to keep 300 people independent, the provincial funding must remain unchanged.

The task force would like to see these funds administered by a representative local body. The Ottawa-Carleton Council on Aging is a successful model because it brings together seniors and service providers. Its shortcoming is that it lacks a mandate to provide programs. The model in Niagara Region in which the municipally run services are integrated into one department with a direct line to regional council is effective. It can deliver programs, provide comprehensive planning, and guide seniors to the best use of services. Its shortcoming is that it is limited to public sector services and does not involve seniors directly.

To achieve this local level of integration and planning, the task force proposes that the province grant each municipality a global budget based on the number and age of the senior population and other relevant factors such as geography, existing resources and linguistic mix. This would allow rural areas to develop different, but more appropriate plans, than urban areas.

The task force would like to see local boards of directors with elected representatives of seniors, institutions, community service agencies, advocates, municipal government, labour, religious, and charitable organizations.

As a result of these changes, we would hope that sensible decisions would be made so that projects like Unitarian House in Ottawa and St. Elizabeth's in Hamilton could provide a continuum of care that included extended care. We would hope that planning would result in more satellite homes such as those in Niagara Region or more centres like the Bernard Bettel Centre for Creative Living which encourages participation. We would hope that seniors in Welland and Kirkland Lake get their centres built and programs like VIEWS in Windsor and Community Care in Durham Region be expanded.

With these innovations, seniors would no longer chase the system, but be served by the system. When Thunder Bay seniors move to Bethammi Lodge, they also move to a community centre. Similar possibilities exist at Fairview Mennonite and St. Luke's Place in Cambridge. The time has come to make high quality, life-enriching services available to all seniors.

By pulling together housing, health and social service needs, it is possible to create a continuum of care that starts when a senior is still at home.

Recommendations

1. The establishment of community health and social service centres to plan, coordinate and deliver health and social services.

2. These centres be mandated to promote programs that help seniors remain independent.

3. The provincial government develop a formula based on demographics to provide a global budget for seniors' services to municipalities.

4. A local seniors' planning body representative of seniors and service providers be elected and charged with the responsibility of delivering seniors' services through health and social service centres.

Support for Families

Financial support

Recent speeches by government ministers such as Health Minister Keith Norton's address to the Concerned Friends on May 7, 1984, indicate the government is blaming the change in family structure for the increased demand for institutional care. He said women are less willing and financially able to provide long-term care at home for family members.

The provincial government has made it difficult for families to support the independence of elderly members.

In 1982/83, the Ministry of Health estimates showed that chronic care standard ward hospital rates ranged from $61 to $401 per day with most beds costing from $100 to $150. Extended care (nursing home) costs $42.35 per day. Both cost people their independence. Yet the province is unwilling to provide financial relief for those who help keep people out of institutions.

As well as losing income from a job, there are other financial hardships. The Canada Pension Plan is based on years of participation in the labour force. Thus, someone dropping out five years early to provide care for a loved one severely limits retirement income. Those who keep their jobs, but hire extra help, receive no tax relief.

Many people have to renovate their homes to accommodate seniors. The provincial government has recently announced property tax relief for people who make such renovations. Unfortunately, the province's plan will be financed from property taxes and will exclude people who made these renovations previously. The task force believes it is essential to encourage this type of program, but that the exclusions should be eliminated and the funding should come from the provincial government.

Moral support

People who intend to care for family members must be given access to some training. Maintaining a three-generation household can create problems for any family. Having a parent move to a position of dependence changes family relationships. Elderly people are dealing with declining health, stress of retirement, death of loved ones, loss of income, change in self-image, the loss of traditional respect and authority and countless other changes. Family members are often ill-equipped to help parents deal with these changes.

New parents have access to pre-natal classes and literature on how to deal with young children, but there is no parallel support for those who attempt to deal with the aging.

Many groups the task force met with - from the day hospital at Windsor Western Hospital, St. Peter's Day Therapy in Hamilton, Day Away

in Ottawa, the Seniors Department in Regional Niagara to the South Porcupine Hospital in Timmins - cited support for care givers at home as a high priority. Regional Niagara, because of its highly coordinated approach, was in a position to provide some of the supports needed. However, in all cases, care giver support was a spinoff from regular programs and not a funded service.

Programs which integrated family support with their programs could only meet a fraction of actual community need.

At the Day Away program, which helps people in the early stages of Alzheimer's Disease, care givers are given specific information about the treatment of Alzheimer character changes, nutrition and strategies for making sure medication was taken. They were taught steps that could be taken so that an Alzheimer victim could be left alone without danger.

While Alzheimer victims have special needs, information and training on nutrition, exercise, recreation, medication, senility, and other matters would make care giving less stressful and more effective in many circumstances.

Vacation and respite care

Many care givers are on 24-hour, 7-day-a-week duty. The only way they get a break is by imposing on a friend or paying someone. Often the parent will complain about these arrangements and the care givers become increasingly frustrated.

There is a desparate shortage of services that give families a respite or a vacation. In Ottawa, for example, there are less than a dozen respite beds available.

Presently, many homes for the aged have empty beds in their residential care section. The government's freeze on new extended care beds in the homes for the aged sector means these beds cannot be converted to meet the demand for extended care. Thus, at no capital cost, the government could use these empty beds for respite and vacation care.

The option of having someone come into the home can be exercised under the homecare program if the person qualifies for medical services with a homemaking component. A homemaker coming twice a week for four hours will give the care giver some relief. Live-in homemakers for vacation relief is also an idea worth implementing.

In the end, private nursing or homemaking is a choice for some but the cost is prohibitive for most Ontario families.

Recommendations

1. Tax credits and pension credits be provided to assist people who provide required care in their home.

2. The province underwrite the cost of property tax reduction to encourage home renovations for elderly or disabled people.

3. A province-wide program to provide training, counselling and assistance to people providing care for seniors in their own homes.

4. Conversion of at least 10 per cent of all residential care beds in homes for the aged into respite and vacation care beds.

5. Expansion of the homecare program to provide regular respite and vacation care.

Integration of Services

The task force found an urgent need to move from an institution-based to a community-based model of service delivery. If we do not implement and coordinate programs to keep seniors independent, we face two unacceptable scenarios. The province will not be able to afford the cost of providing institutions. The problems existing in nursing homes will become worse and the pressures on homes for the aged will lead to a decline in the level of care. Furthermore, the unregulated rest home business will flourish.

Government must be reorganized to meet the challenge of keeping seniors active, independent, and involved in the community.

The competition between the Ministries of Health and Community and Social Services has stood in the way of the rational delivery of services to seniors. Issues such as housing, transportation, and income maintenance fall under the control of other ministries or are shared with federal and municipal governments. The provincial government has failed to coordinate these services to create a system which responds to the needs of seniors.

Whatever sense this disorganization makes in bureaucratic terms, it makes no sense in human terms. In Hamilton, for example, the task force heard how the Ministry of Health changed its regulations on homecare. As a result, the Visiting Homemakers had to transfer clients to the Ministry of Community and Social Services program. Since this program had a means test, many people had to pay $40 a week for services they formerly received for no charge. After a person has received homemaking and homecare services that encourage independence, it's detrimental for the provincial government to take it away. Policies like these are inept and shortsighted.

One of the efforts which the Ministry of Health made to coordinate services was the establishment of Placement Coordination Services. These services assess all clients with long-term care needs in a given region and then help them to find appropriate accommodation in a nursing home or home for the aged. The problem is that nursing homes have no incentive to take patients who need a lot of care since they are more demanding and less profitable. Homes for the aged have no choice. They cannot refuse

heavy care patients if space is available. Thus, in exchange for coordination, the system perpetuates the right of the private sector nursing home to take the easiest patients and increase the burden on the public sector.

Placement Coordination Services can be used to keep people out of institutions by linking them to the community health and social service centres described above. Then their goal becomes making the best use of community resources. If it becomes mandatory that Placement Coordination Services assess all patients, a system can be developed which reserves institutional beds for those who need them and provides the alternative community supports for those who do not require institutional care.

The task force was struck by the fact that while most service providers agreed on an integrated approach, they had two reservations. They had little faith in a provincial government that was both lethargic in implementing change and used change as an excuse to cut back services. While no one wanted to see the Ministry of Health's role expanded, there was little confidence that the present Minister of Community and Social Services was committed to developing the necessary services.

Recommendations

1. Responsibility for integrating and providing seniors' services be given to the Ministry of Community and Social Services.

2. That senior services include coordination of social, health, housing, income and transportation needs.

3. Services be planned and administered locally in conjunction with Placement Coordination Services and community health and social service centres.

It Shouldn't be For Profit

Bethammi Lodge in Thunder Bay impressed the task force as the best run nursing home it had seen. It showed that under the Nursing Home Act, a facility run on a not-for-profit basis could provide the care and love seniors deserve. This concrete example makes it clear that care should not be provided for profit.

When seniors require institutionalization in Ontario, three levels of care are available. Residential care is essentially room and board and may or may not have a medical or social component. Extended care is provided to persons who, in the opinion of their physician, require a minimum of one and one half hours of nursing and personal care per day. Chronic care is long-term care to people whose health is stable but for whom little improvement is expected.

Three types of institutions provide these types of care - homes for the aged, nursing homes and rest homes. Homes for the aged are non-profit facilities providing residential and extended care services. They are run by religious, community, or charitable organizations or municipalities. Nursing homes are run on a for-profit basis and provide extended care services.

Extended care beds, whether they are in nursing homes or homes for the aged, receive $26.49 per day from the provincial government and $15.86 per day from the resident for standard ward accommodation. Homes for the aged also have access to additional public funding for capital costs and special programming. Nursing homes provide their own capital costs. Homes for the aged must accept patients with high levels of need. Nursing homes are businesses and can refuse to accept residents whom they believe will need a lot of care.

Nursing homes are licensed by the Ministry of Health and are inspected by that ministry's Nursing Home Inspection Branch. To date, no nursing home has ever lost its licence.

Rest homes receive no provincial funding and are unregulated. They are often called retirement homes, lodges, senior residences, etc. They charge whatever fee they can collect. The only quality check comes from municipal enforcement of fire and building codes and the Public Health Act. Rest homes serve seniors who cannot live alone and cannot get beds in other facilities.

The provincial government controls the supply of chronic care and extended care beds. When this is combined with the shortage of supports to keep seniors in the community and out of institutions there is a perceived undersupply of institutional places. Nursing homes skim off the easier-to-serve extended care patients. Homes for the Aged must take the heavy care patients.

The high demand for nursing home beds ensures that it will remain a lucrative business regardless of the quality of service. Ontario has a shortage of chronic care beds and the province has been cutting back on

active care hospital beds for some time. As a result, many seniors are taking up scarce hospital beds. Families are pressured to either take their parents home, often impossible, or to find a nursing home bed. Thus, for every vacant extended care bed, there is someone willing to take it.

Nursing homes operate in a non-competitive situation. They control a resource for which government policy ensures a high demand. Until a major committment is made to promoting community support services, expanding the homecare program and creating other alternatives, the demand will remain high no matter what the quality of service.

Problems with nursing homes

In the legislature on April 25, 1983, NDP leader Bob Rae presented evidence of inadequate staffing, poor patient care, fire hazards, violations of the Nursing Home Act, lack of activity for residents, unclean conditions, and other appalling conditions found by NDP researchers who had visited nursing homes incognito.

The government now releases the annual nursing home inspection reports. These reports show that homes average more than 20 violations of the act when inspected. Nevertheless, the government is not laying charges against the operators. It refuses to provide details of follow-up inspections, complaint investigation or incident reports.

On May 14, 1984, NDP health critic David Cooke asked Health Minister Keith Norton why, after two letters and three phone calls from Cooke, and an inspection report showing 113 violations of the Nursing Home Act at Rest Haven Nursing Home in St. Thomas, no charges had been laid. Mr. Norton gave the government's standard irresponsible reply that the infractions were of "varying magnitude". The government's position is that one minor or 113 minor violations of the Nursing Home Act is acceptable.

The Nursing Home Act does not require nursing home operators to provide programming or try to improve the quality of life of residents. Indeed, the Health Minister has stated that he does not believe these issues can be addressed through the regulatory system. Many nursing homes do not spend enough on recreation or resident stimulation. Heritage Nursing Home in Toronto spent $400 in 1980 on recreation for 400 residents while providing the owners an income of $360,000 after expenses.

NDP observers in nursing homes found hallways where residents sat in wheel chairs for hours on end. They saw homes where colour TV in the lounge is the total stimulation. Others rely on New Horizons grants, Tri-ministry program dollars and volunteers to provide social activities. Regulatory changes are needed.

Nursing home operators understand the fundamental economics of the system. Keep the beds filled and keep the expenses down. There is no incentive other than the conscience of the operator or administrator to provide more than the basic care required by the act.

In contrast to the nursing home model, Doug Rapelje of Regional Niagara told us how, when a problem arises in a home for the aged, he can go in and immediately start improving the situation. If new programs are beneficial, he can ask the regional council for funding. Because he also operates community-based programming, he can link it to that provided in the home.

Ontario's current levels of care/per diem approach is outdated and artificial at best. Arbitrary per diems do not address individual needs. The residential, extended, and chronic labels have less to do with the needs of people than they have to do with the bookkeeping needs of service providers.

The government should adopt a flexible funding approach based on the development of an individual care plan. It would allow the person who requires service and/or the family to receive funds so that they can purchase what is needed on a non-profit basis. The person being served should have control over the process, not the company providing the service. This way, better selection can take place, where good providers are rewarded with higher demand.

The individual approach also ensures quality. It is the consumer who decides how to spend the money.

Advocates

Advocates are essential for the elderly in institutions. However, advocates now have no right to enter institutions, examine records and seek remedies. Judge Rosalie Abella's report, Access to Legal Services by the Disabled contains strong recommendations about the roles of advocates. Ontario would do well to incorporate this model and provide funding and suitable powers for independent advocates to work in long-term care institutions.

Residents of long-term care institutions need a bill of rights, and advocates to protect them. Home administrators could instruct staff in the philosophy of dignity and respect underlying a rights policy. Families would clearly know what rights their loved ones have. The task force believes the prototype presented by the Ontario Association of Residents Councils and adopted by the Regional Niagara Senior Citizens Department is good.

Contracting out

To save money, some nursing home operators have contracted out maintenance, housekeeping, dietary, nursing assistant, and health care aide jobs. The new workers often rotate from home to home and are unfamiliar with the residents, equipment, and facilities. This often places the residents at risk. Since a middle man is also taking money in this situation, the new workers are poorly paid and often undermotivated, undertrained, and looking for another job. Seniors deserve better. They must be cared for by people who have a committment to them.

The business-private property model of care just doesn't belong. Everyone is better served by a system that is open and accountable - one not based on the premise that a surplus called private profit has to be generated from providing care. The success and public nature of the drive to improve the quality of service at Greenacres, the municipally owned home in Toronto, are a striking contrast to the secrecy and evasion in the nursing home industry. Homes for the aged have their budgets scrutinized by both the Ministry of Community and Social Services and municipal councils. This publicity leads to better care and higher standards.

Satellite homes

A healthy way of moving from large institutions to smaller residences is the satellite home program. They are run like family homes, only with eight or 10 seniors as well as the care giver and family. In Regional Niagara, 100 people live in these pleasant settings.

The task force saw how happy the residents were in an excellent satellite home in St. Catharines. Meals and laundry were provided, but residents were encouraged to be active around the house. The service was provided more cheaply than a home for the aged. The residents have full access to programs of the local home for the aged.

Satellite homes are an excellent way of providing care, stimulation and support for elderly persons not able to live alone.

Other alternatives such as seniors' group homes or assigning a homecare/social worker to a neighbourhood cluster of seniors, and providing more support services in seniors' apartments, should be developed. The community planning mechanisms would make this type of de-institutionalization easier.

Recommendations

1. The provincial government should set standards and programs for residential, extended, special, and chronic care in all institutions in the province, regardless of whether they operate in the private or public sector.

2. The development and enforcement of programs and standards should be carried out in a coordinated way, by regionally based specialists, social workers, nurses, occupational therapists, in consultation with residents.

3. The Nursing Home Act be amended to include quality of life provisions. Specifically, it should include the right to privacy, right to medical care and doctor of one's choice, right to decent food, shelter, linen and clothing, and a right to recreation and rehabilitation.

4. The Nursing Home Inspection Branch be moved out of the Ministry of Health to prevent conflict of interest.

5. The Nursing Home Act be vigorously enforced by:
   a) making the results of all inspections public
   b) taking legal action against operators who fail to comply
   c) by making repeated violations grounds for revoking a licence
   d) by making financial statements of nursing homes public.

6. Conversion from a per diem payment linked to three levels of care to a system which allows people to buy the care they need on a non-profit basis.

7. Advocacy groups must be publicly funded, given access to institutions and the right to conduct investigations of residents' complaints and general conditions.

8. A Bill of Rights for residents of institutions.

9. The dominance of private profit nursing homes be phased out by:
   a) revoking the licences of operators with unacceptable records
   b) devising plans to allow community groups to acquire nursing homes and convert them into homes for the aged.

10. All future extended care beds be in the non-profit sector.

11. Expansion of the satellite home system.

Problems with rest homes

The Ontario Council on Social Development as well as the Rest Home Association of Ontario have asked the provincial government to develop regulations for rest homes. The province has refused.

The NDP has demanded that the Ministry of Health develop standards because many rest homes are bootleg nursing homes giving medical care without supervision. To substantiate this serious allegation, NDP leader Bob Rae showed documentation that at Idylwild Home, near London, registered nursing assistants ordered medications, started and discontinued treatments and gave such things as heart medication, anti-depressants, sedatives, tranquilizers, anti-convulsants, and pain pills.

Subsequently, NDP research director Grant Cassidy went to seven Windsor area rest homes seeking admission for a "relative" suffering from anemia, diabetes, and also somewhat incontinent and forgetful. The "patient" would require blood tests, B-12 injections, and a special diet. Six of the seven rest homes were immediately willing to accept such a patient.

These rest homes had a variety of problems. There was a random mixture of ex-psychiatric patients, alcoholics, and disabled people as well as seniors, and a lack of programs to involve or stimulate residents. There were dirty and unsanitary conditions. In one instance, heavy care was provided on a locked floor.

Mary Rowles, legislative assistant to NDP health critic David Cooke, spent four days in a Windsor rest home posing as an ex-psychiatric patient.

She found squalor, neglect of residents' needs, poor food, overcrowding, unsanitary practices and lack of programs and stimulation. Despite this evidence, the provincial government refused to become involved in rest home regulation.

The Tories are obviously afraid of the financial consequences of becoming involved in the regulation of rest homes. However, the government is already financially involved because many rest homes fill their beds with clients from the social service departments of various municipalities. Primarily for ex-psychiatric patients and welfare recipients with no families, municipalities purchase rest home beds with general welfare allowance money from the provincial government. To top up this steady income, many rest homes then sell remaining beds to seniors. With provincial regulation, these groups could be sorted out and institutions established with appropriate resources for each group.

By giving community health and social service centres power to include rest homes in their planning, strategies could be developed to give residents access to good programs. The centres could also ensure an appropriate mix of residents.

Recommendations

1. Rest homes become primarily residential facilities and not involved in the delivery of medical services.

2. The province regulate and inspect rest homes and ensure that residents have access to community programs.

3. The Ministry of Health be required to close or fine unlicenced facilities which provide nursing or medical services.

4. The province provide proper housing and programming for the ex-psychiatric patients presently in rest homes so that seniors are not placed in an inappropriate environment.

5. Rest homes be operated on a non-profit basis by religious, charitable, and community groups.

Serving the 'Confused Ambulant Elderly'

When the task force asked which service was most lacking in a community, the answer was always "confused ambulant elderly". The need is recognized, but no agency has the means to do anything about it.

Confused elderly include those with organic problems such as Alzheimer's Disease, Parkinson's Disease, and other senile dementia. It also includes people with psychological conditions arising from the problems of aging. Their needs are assumed to be taken up by the existing health care system.

Ontario presently has only 832 psychogeriatric beds. Relatives of Alzheimer's patients told the task force and nursing home personnel

confirmed, off the record, that many homes will not accept highly confused elderly patients or Alzheimer victims. With the lack of hospital care and the difficulty in getting extended care, confused people often end up in psychiatric hospitals. In Ottawa, this means Brockville Psychiatric, some 80 kilometres away. In Timmins, it means going to North Bay.

In community-based services, the problems are worse. Confused people do not require physiotherapy or nursing care so they do not qualify for Homecare or homemaker's services. There are few respite services.

The only day program designed for Alzheimer's patients and their families is the Day Away Program in Ottawa. It's run totally by volunteers and receives no provincial funding.

Recommendations

1. The government respond to the crisis by
   a) providing new funding
   b) supporting research
   c) providing more community mental health workers trained to deal with the elderly
   d) ensuring respite care is provided for families
   e) opening more psychogeriatric beds
   f) devising programs to meet special needs in Northern Ontario and other underserviced areas.

Aging with Dignity

Until Ontario develops a system which responds to the needs of seniors, rather than insisting that seniors respond to the demands of the system, the Ontario government will be guilty of adding unnecessary misery to the lives of our elderly.

The present system is in chaos. It forces people into institutions when they want to be independent. It guarantees profits for nursing home operators, but fails to guarantee care for people in institutions. Public dollars are badly used, since they are directed at providing care in institutions which usually are not sensitive enough to individual needs. Using the same dollars, better care could be provided.

The quality of life for seniors won't change unless the government changes. We must face the challenge of aging. The challenge is not just to provide facilities and programs. The challenge is to provide the means for older people to maintain a sense of worth.

Our proposals for community health and social service centres, providing the means for seniors to remain independent, for the development of local planning, and the elimination of the profit motive in the provision of care can make a real difference.

The task force hopes that our recommendations can soon be made the policy of the government of Ontario. We look forward to the day when people can age in Ontario with a sense that the future still holds the prospect of dignity and accomplishment.

Summary of Recommendations

Homecare and Homemaker's Services

1. Immediate introduction of homemaker's services for frail, elderly persons.
2. Homecare services should be linked to actual need and feasibility. They should not be limited to 40 hours monthly.
3. Homecare and homemaking should be available without a means test to any senior who needs the services.
4. Delivery of homemaker's services should be limited to charitable and not-for-profit agencies.
5. Province-wide extension of the palliative care program delivered by Visiting Homemakers in Hamilton.

Meals on Wheels

6. A public health component should be linked directly to homemakers and Meals on Wheels programs for continuing medical assessment of seniors living alone.
7. Increased support for and expansion of Meals On Wheels programs.

Day care and day hospitals

8. Expansion of day care for seniors.
9. Expansion of day hospitals.
10. Emphasis on the provision of senior day care outside an institution.

Northern health needs

11. Special initiatives and provincial funding to extend community and health support services for seniors in Northern Ontario.
12. Establishment of small long-term bed units attached to hospitals where no long-term beds presently exist.
13. More services be provided for francophone seniors.

Poverty

14. GAINS be enriched to give seniors enough income to live with dignity.
15. Ontario balance the current inequities in RRSP availability by making Ontario tax credits for RRSP contributions available to those with incomes below $25,000 a year.
16. Ontario legislate improvements in private pensions including making survivors' benefits mandatory; providing for vesting and portability after two years of employment; and making inclusion of part-time workers mandatory.
17. A dental care program for seniors.
18. Abolition of means testing for needed programs.
19. Abolition of chronic care co-payment fees.
20. Development of employment strategies for seniors wanting to work part-time.

Housing

21. Removal of the bureaucratic straight jacket that prevents the integration of housing, health and community services.
22. Development of a variety of housing alternatives for seniors including apartments, hostels, and co-ops.
23. Encouragement of projects that link seniors housing to the community.
24. Recognition of the multicultural character of Ontario in institutional, housing, and community services for seniors.

Transportation

25. Establishment of province-wide transportation policy supported by provincial funding to improve access for seniors to community services and health, social and cultural programs.

Seniors clubs and activity centres

26. Provincial government should provide more funds for elderly persons centres.
27. Promotion of community support services to enrich the lives of seniors living independently.

Community health and social service centres

28. The establishment of community health and social service centres to plan, coordinate and deliver health and social services.
29. These centres be mandated to promote programs that help seniors remain independent.
30. The provincial government develop a formula based on demographics to provide a global budget for seniors' services to municipalities.
31. A local seniors' planning body representative of seniors and service providers be elected and charged with the responsibility of delivering seniors' services through health and social service centres.

Support for families

32. Tax credits and pension credits be provided to assist people who provide required care in their home.
33. The province underwrite the cost of property tax reduction to encourage home renovations for elderly or disabled people.
34. A province-wide program to provide training, counselling and assistance to people providing care for seniors in their own homes.
35. Conversion of at least 10 per cent of all residential care beds in homes for the aged into respite and vacation care beds.
36. Expansion of the homecare program to provide regular respite and vacation care.

Integration of services

37. Responsibility for integrating and providing seniors' services be given to the Ministry of Community and Social Services.
38. That senior services include coordination of social, health, housing, income and transportation needs.
39. Services be planned and administered locally in conjunction with Placement Coordination Services and community health and social service centres.

Nursing homes

40. The provincial government should set standards and programs for residential, extended, special, and chronic care in all institutions in the province, regardless of whether they operate in the private or public sector.
41. The development and enforcement of programs and standards should be carried out in a coordinated way, by regionally based specialists, social workers, nurses, occupational therapists, in consultation with residents.
42. The Nursing Home Act be amended to include quality of life provisions. Specifically, it should include the right to privacy, right to medical care and doctor of one's choice, right to decent food, shelter, linen and clothing, and a right to recreation and rehabilitation.
43. The Nursing Home Inspection Branch be moved out of the Ministry of Health to prevent conflict of interest.
44. The Nursing Home Act be vigorously enforced by:
    a) making the results of all inspections public
    b) taking legal action against operators who fail to comply
    c) by making repeated violations grounds for revoking a licence
    d) by making financial statements of nursing homes public.
45. Conversion from a per diem payment linked to three levels of care to a system which allows people to buy the care they need on a non-profit basis.
46. Advocacy groups must be publicly funded, given access to institutions and the right to conduct investigations of residents' complaints and general conditions.
47. A Bill of Rights for residents of institutions.
48. The dominance of private profit nursing homes be phased out by:
    a) revoking the licences of operators with unacceptable records
    b) devising plans to allow community groups to acquire nursing homes and convert them into homes for the aged.
49. All future extended care beds be in the non-profit sector.
50. Expansion of the satellite home system.

Rest homes

51. Rest homes become primarily residential facilities and not involved in the delivery of medical services.
52. The province regulate and inspect rest homes and ensure that residents have access to community programs.
53. The Ministry of Health be required to close or fine unlicenced facilities which provide nursing or medical services.
54. The province provide proper housing and programming for the ex-psychiatric patients presently in rest homes so that seniors are not placed in an inappropriate environment.
55. Rest homes be operated on a non-profit basis by religious, charitable, and community groups.

Serving the 'confused ambulant elderly'

56. The government respond to the crisis by
    a) providing new funding
    b) supporting research
    c) providing more community mental health workers trained to deal with the elderly
    d) ensuring respite care is provided for families
    e) opening more psychogeriatric beds
    f) devise programs to meet special needs in Northern Ontario and other underserviced areas.

Institutions and Groups Visited

Location	Institution/Group
Ridgetown	Centennial Lodge
St. Thomas	START Centre
Chatham	Canadiana Nursing Home
Sarnia	Marshall Gowland Home for the Aged
Hamilton	St. Elizabeth's Nursing Home
	St. Elizabeth's Villa and Retirement Village
	Macassa Lodge Home for the Aged
	Visiting Homemakers Association
	St. Peter's Centre
Sudbury	Pioneer Manor Home for the Aged
Ailsa Craig	Craigholme Gardens Nursing Home
Wawa	Wawa Committee for Hospital and Extended Care
Toronto	United Senior Citizens of Ontario
	Conference: Canadian Pensioners Concerned
	Concerned Friends of Ontario Citizens in Care Facilities
	Conference: The Aged: A Political Force for the Future
	Harmony Senior Citizens Club
	Bernard Bettel Centre for Creative Living
	Ontario Association of Visiting Homemakers
	Conference: Fair Care for Seniors
Ottawa	Co-op Desjardins
	St. Patrick's Home for the Aged
	Ottawa-Carleton Council on Aging
	Unitarian House
	Day Away Program
	Continuing Care Board - District Health Council
Oshawa/Durham	Community Care
	Oshawa Senior Citizens' Centre
	Parkview Place
	Faith Place
Guelph	Meadowcroft Senior Citizens' Residence
Windsor	Chateau Masson
	Windsor/Western Day Hospital (Riverview)
	Greater Windsor Senior Citizens' Centre
	VIEWS (Volunteers in Education Willing Seniors)
	United Autoworkers' Retirees
Welland	Lions Hall - Senior Citizens' Clubs
St. Catharines	Niagara Region Senior Citizens' Department
	Gill's Satellite Home
Beamsville	Nipponia Home for the Aged
Thunder Bay	St. Joseph's Heritage Nursing Home
	Bethammi Lodge
	Heritage Community Centre
	Dawson Court Home for the Aged
Niagara Falls	Dorchester Manor Home for the Aged
	Greater Niagara General Hospital - Meals on Wheels
Kirkland Lake	Les 50's Club
	Encore Club
	Kirkland Lake & District Hospital
	Teck Pioneer Home for the Aged
Timmins	South Porcupine Hospital
	Golden Manor Home for the Aged
	Red Cross
	Senior Citizens' Clubs of Timmins
Cambridge	St. Luke's Place
	Fairview Mennonite Home for the Aged

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NDP Task Force on Care for Seniors.

Aging with dignity.